

Medical School Hotline

The Role of Violence Prevention Education at the University of Hawaii John A. Burns School of Medicine (UH-JABSOM)

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The Liaison Committee on Medical Education (LCME), the accrediting body for all medical schools in the United States, mandates that schools "prepare students for their role in addressing the medical consequences of common societal problems, for example, providing instruction in the diagnosis, prevention, appropriate reporting, and treatment of violence and abuse."¹ This directive is clearly justified, especially in view of the fact that in the United States, homicide and suicide are the 2nd and 4th leading causes of death among all children and adolescents, ages 1-19 years.²

Several national organizations, the Commission for the Prevention of Youth Violence³ and the American Academy of Pediatrics (AAP),⁴ have summarized what health professionals must do to prevent what is truly a scourge that kills more people than most of the general medical illnesses that students study. Their recommendations center upon: early detection and intervention for violence risk factors, access to mental health services, avoidance of corporal punishment, removal of firearm access, and minimization of exposure to all forms of violence.

The University of Hawaii Department of Psychiatry, through the Asian/Pacific Islander Youth Violence Prevention Center, funded by the National Centers for Disease Control and Prevention (CDC), supports curricular efforts by insuring that students, in their development as physicians, acknowledge their role in preventing youth violence and acquire the knowledge and skills necessary to assess and manage violence risk factors.

Freedy and colleagues⁵ have highlighted the necessity of covering violence prevention in multiple contexts throughout the overall medical curriculum to maximize effectiveness. Also, Johnson and colleagues⁶ have suggested the importance of including clinical applications of didactic learning. In support of this recommendation, content-oriented and experiential problem-oriented modules have been introduced into the psychiatry clerkship. This is a required, 7-week clinical and didactic experience, for all third-year medical students⁹. The problem-based learning (PBL) curriculum of the University of Hawaii John A. Burns School of Medicine emphasizes, from early on, attentiveness to the "four perspectives or domains" of patient care (the biological, the behavioral, the population, and the clinical)⁷.

The practical application of violence-prevention skills have been incorporated into the clerkship three sessions (7 hours total) involving videotaped student interviews. Through group discussion, modeled after the PBL approach familiar to students in their pre-

clerkship years,¹⁰ students learn basic approaches to the patient interview, such as rapport-building and a comprehensive assessment of suicidality, homicidality, and any other conditions that could pose a risk to the patient or other. Videotaped cases are also used to practice the art of synthesizing biological, psychological, and social/cultural perspectives in a way that practically guides treatment,¹¹ thereby highlighting, once again, their significant role in addressing the psychosocial health of the patient.

In-depth knowledge of youth violence risk factors and relevant community resources have been introduced into the clerkship PBL tutorial. The Health Care Problem (HCP) describes a teenager in Hawaii who threatens violence in the school setting. This case illustrates various risk factors for violence, including: major mood symptoms, substance abuse, a past history of self-injurious behavior, violence in the home, access to firearms, and barriers to mental health intervention. In addition it introduces several potential "learning issues," including school-based violence prevention programs and community-based crisis response teams. Finally, it highlights the need for cultural sensitivity in assessing and managing violence risk factors. Through this scenario, students are referred to comprehensive summaries of the health professional's role in violence prevention and other brief chapters relevant to the presenting case.^{12,13}

These modules that cover core material in an interactive and relevant manner have been well received by both faculty and students. With the support from core curriculum planners, discussions are encouraged with pre-clerkship students on the importance of youth violence prevention. For example, an introduction to this topic is presented during orientation to school health education. There is also collaboration with residency educators and physicians at community health centers to insure that youth violence prevention is emphasized at multiple levels in physicians' development.

It is anticipated that further research will be conducted on the outcomes of JABSOM's interventions in promoting education in violence prevention. The school is convinced that effective education in medical and other health professional schools is the key to transfer the theory of violence prevention into action that saves lives and promotes the healthy development of youth, families, and communities.

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